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Michael D. Messersmith, Esq.

*Counsel for Arthur Steinberg, as Receiver
for Northshore Asset Management, LLC, et al.*

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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SECURITIES AND EXCHANGE COMMISSION :
: :
Plaintiff, : Civil Action No.
: 05-CV-2192 (WHP)
-against- :
:

NORTHSORE ASSET MANAGEMENT et al.,

Defendants.

ARTHUR STEINBERG, as Receiver for
Northshore Asset Management, LLC, et al.,

Plaintiff, : Civil Action No.
-against- : 06-CV-5024 (WHP)

UNIVERSAL GENESIS STRATEGIC
HOLDINGS, INC. et al.

Defendants.

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ARTHUR STEINBERG, as Receiver for
Northshore Asset Management, LLC, et al.,
Plaintiff,
-against-
Civil Action No.
06-CV-5564 (WHP)
----- x

LEO SPHIZ,
Defendant.
----- x

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ARTHUR STEINBERG, as Receiver for
Northshore Asset Management, LLC, et al.,
Plaintiff,
-against-
Civil Action No.
06-CV-5565 (WHP)
----- x

RICHARD WHARTON,
Defendant.
----- x

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ARTHUR STEINBERG, as Receiver for
Northshore Asset Management, LLC, et al.,
Plaintiff,
-against-
Civil Action No.
06-CV-5566 (WHP)
----- x

JIM PORTER,
Defendant.
----- x

----- x
ARTHUR STEINBERG, as Receiver for :
Northshore Asset Management, LLC, et al., :
Plaintiff, :
-against- : Civil Action No.
MELVIN NEWMAN, : 06-CV-5567 (WHP)
----- x

----- x
ARTHUR STEINBERG, as Receiver for :
Northshore Asset Management, LLC, et al., :
Plaintiff, :
-against- : Civil Action No.
WALTER SCHWAB, : 06-CV-7770 (WHP)
----- x

----- x
ARTHUR STEINBERG, as Receiver for :
Northshore Asset Management, LLC, et al., :
Plaintiff, :
-against- : Civil Action No.
GLENN SHERMAN, et al., : 07-CV-1001 (WHP)
----- x

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ARTHUR STEINBERG, as Receiver for :
Northshore Asset Management, LLC, et al., :
Plaintiff, :
-against- : Civil Action No.
BLOOMBERG, L.P. et al., : 07-CV-1208 (WHP)
Defendants. :
----- x

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ARTHUR STEINBERG, as Receiver for :
Northshore Asset Management, LLC, et al., :
Plaintiff, :
-against- : Civil Action No.
BOMBARDIER TRUST (CANADA) et al., : 07-CV-1212 (WHP)
Defendants. :
----- x

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ARTHUR STEINBERG, as Receiver for :
Northshore Asset Management, LLC, et al., :
Plaintiff, :
-against- : Civil Action No.
FONDATION J. ARMAND BOMBARDIER, : 07-CV-1217 (WHP)
Defendant. :
----- x

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ARTHUR STEINBERG, as Receiver for :
Northshore Asset Management, LLC, et al., :
: Plaintiff, :
-against- : Civil Action No.
: : 07-CV-4832 (WHP)
: :
JOEL ASH, :
: :
: Defendant. :
----- x

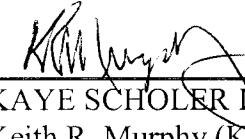
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ARTHUR STEINBERG, as Receiver for :
Northshore Asset Management, LLC, et al., :
: Plaintiff, :
-against- : Civil Action No.
: : 07-CV-4833 (WHP)
: :
STEPHEN A. ALDERMAN, :
: :
: Defendant. :
----- x

----- x
ARTHUR STEINBERG, as Receiver for :
Northshore Asset Management, LLC, et al., :
: Plaintiff, :
-against- : Civil Action No.
: : 08-CV-2390 (WHP)
: :
FONDATION LUCIE ET ANDRE CHAGNON, :
: :
: Defendant. :
----- x

SUGGESTION OF DEATH

Keith R. Murphy, counsel for Arthur J. Steinberg, Receiver of Northshore Asset Management, LLC, Ardent Research Partners L.P., Ardent Research Partners, Ltd. and Saldutti Capital Management, L.P., suggests upon the record, pursuant to Federal Rule of Civil Procedure 25(a), the death of Glenn Sherman, a defendant, during the pendency of this action. Attached hereto is a copy of a certified copy of the Medical Certificate of Death filed with the City of Chicago, Illinois Department of Public Health, Bureau of Vital Records.

Dated: New York, New York
March 21, 2008



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et al.

BIRTH NO.	REGISTRATION DISTRICT NO.	16.10	STATE OF ILLINOIS			STATE FILE NUMBER	610954
REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH						
DECEASED NAME		FIRST	MIDDLE	LAST	AGE AT DEATH	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Glenn		A.	S.	Glenn	82	3 August 11, 2007	
2. Cook		AGE-UPPER	UNITS	UNITS	UNITS	DAY OF BIRTH (MONTH, DAY, YEAR)	
		40	40	40	50	August 1, 1966	
3. Chicago		HOSPITAL OR OTHER INSTITUTION NAME (STREET AND NUMBER)				IF HOSP. OR INST. INDICATE D/OWNER, P.M. INPATIENT (SPECIFY)	
		6. Northwestern Memorial Hospital				6. Emer. Room	
4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN ARMED FORCES?	
7. Pontiac, MI		8. Married		9. Lori S. Gutmann		9. NO	
SOCIAL SECURITY NUMBER		10. USUAL OCCUPATION		11. KIND OF BUSINESS OR INDUSTRY		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10.381-86-9242		11a. Entrepreneur		11b. Financial		12. 12th Grade	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP., OR ROAD DISTRICT NO.		INSTITUTION (SPECIFY)		13. INSTITUTION (SPECIFY)	
13a. 550 N. Kingsbury St. Apt. 606		13b. Chicago		13c. 13th Grade		13d. 13th Grade	
STATE	ZIP CODE	14. RACE (WHITE, BLACK, AMERICAN INDIAN, OR OTHER)		14b. X NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> SPECIFY:		14c. RACE (WHITE, BLACK, AMERICAN INDIAN, OR OTHER)	
Illinois	60610	14d. White		14e. Johnny A. Fort		14f. White	
FATHER NAME		FIRST	MIDDLE	LAST	MOTHER NAME	FIRST	MIDDLE (MAIDEN) LAST
15. Glenn A. Sherman Jr.					16. Johnny A. Fort		
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NUMBER, CITY OR TOWN, STATE, ZIP)			
17a. Glenn A. Sherman Jr.		17b. Father		17c. 8745 Clark Rd, Chicago, IL 60618			
18. CAUSE OF DEATH (TYPE OR PRINT). Enter the cause or causes that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Enter one cause or multiple causes. Enter one cause or multiple causes. Enter one cause or multiple causes.							
19. DUE TO, OR AS A CONSEQUENCE OF (b) Circ. hemorrhage (c) Glaucoma							
20. DATE OF DEATH (MONTH, DAY, YEAR)		21. DATE LAST SAW HIM/HER ALIVE (MONTH, DAY, YEAR)		22. NAME OF PHYSICIAN OR MEDICAL EXAMINER NOTIFIED (TYPE OR PRINT)		23. AUTOPSY (SPECIFY) 19a. No	
20. 8/13/2007		21. 8/13/2007		22. Yes		24. IF FEMALE, WAS THERE A PREGNANCY IN P. THREE MONTHS? 20a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.							
22a. SIGNATURE ► <i>Clarissa Greene</i>		22b. DATE SIGNED (MONTH, DAY, YE)					
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22c. ILLINOIS LICENSE NUMBER					
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		22d. 08/15/20					
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORIUM NAME		LOCATION CITY OR TOWN STATE		22e. 034-4095462	
24a. Burial		24b. All Saints Cemetery		24c. Waterford, MI		22f. DATE FILED (MONTH, DAY, YEAR)	
25a. Aero Removals		25b. 919 N. Garfield		25c. 034-4095462		25d. 08/15/2007	
25e. FUNERAL DIRECTOR'S SIGNATURE <i>Clarissa Greene</i>		25f. FUND DIRECTOR'S ILLINOIS LICENSE NUMBER					
25g. DATE OF DEATH (MONTH, DAY, YEAR) <i>August 11, 2007</i>		25h. DATE FILED (MONTH, DAY, YEAR)					
26. DEPARTMENT OF PUBLIC HEALTH—Division of Vital Records							

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.